

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard Hsiao et al.

Serial No.: 10/052,719

Filed: January 17, 2002



Atty. Docket No. SJO9-2001-0046US1

Group Art Unit: 2652

Examiner: Tupper, Robert S.

#7
1/30/04

For: **"MAGNETIC HEAD HAVING SHORT POLE YOKE LENGTH AND METHOD FOR FABRICATION THEREOF"**

RESPONSE TO RESTRICTION REQUIREMENT

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

RECEIVED

JAN 21 2004

Technology Center 2600

Dear Sir:

Responsive to the Election/Restriction Requirement mailed December 15, 2003,
Applicant elects Group I, claims 1-24 with species depicted in Figs. 5-14 for further prosecution,
without traverse.

Should the Examiner have any questions or comments a telephone conference at the
number set forth below is requested.

Respectfully submitted,

Date: January 12, 2004

A handwritten signature in black ink, appearing to read "Robert O. Guillot".

ROBERT O. GUILLOT

Reg. No. 28,852

IPLO®
Intellectual Property Law Offices
1901 S. Bascom Avenue, Suite 660
Campbell, CA 95008
Telephone: (408) 558-9950
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CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on January 12, 2004 with the U.S. Postal Service as first class mail in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Date: January 12, 2004

A handwritten signature in black ink, appearing to read "Patricia Beilmann".
Patricia Beilmann

2652

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TRANSMITTAL

☒ Transmitted herewith is a Response for Restriction Requirement for this application.

STATUS

☒ Applicant is
☐ a small entity.
☒ other than a small entity.

EXTENSION OF TIME

☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$210.00
<input type="checkbox"/>	three months	\$ 950.00	\$475.00
<input type="checkbox"/>	four months	\$1,480.00	\$740.00

Fee \$ _____

☐ If an additional extension of time is required please consider this a petition therefor.

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

Certificate of Mailing (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313.

January 12, 2004
(date)

(Signature of Patricia Beilmann)

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total *	Minus *0*	=	x9=	\$	x18=	\$
Indep. *	Minus *0*	=	x43=	\$	x86=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+140=	\$	x280=	\$
			TOTAL ADDIT. FEE	\$	<i>OR</i>	TOTAL ADDIT. FEE
						\$

- ☐ No additional fee for claims required.
☐ Total additional fee for claims required \$_____.

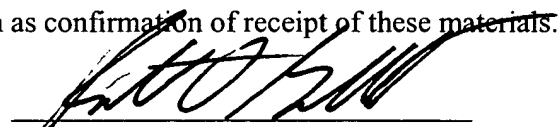
FEE PAYMENT

- ☐ Attached is a check in the sum of \$_____
☐ Charge Account No. 08-3240 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

- ☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.
- ☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: January 12, 2004


ROBERT O. GUILLOT
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